Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA				DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED	
HAL060085		B. WING		05/05/2016			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	.=		
BROOKI	DALE SOUTH PARK	5326 PAR					
DICOCK	ALL GOOTH FARK	CHARLOT	TE, NC 282	209			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report of Biennial 0 Strickland 05/5/201	Construction Survey by Frank 6:					
C 116	Records indicate that this facility was first licensed as a Home for the Aged on 06/03/1997. The facility is currently licensed for 56 SCU beds. Based on this information, we are requiring that this facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes. The facility must meet the 1996 Edition of the North Carolina State Building Code-Section 409.1 Group I, Institutional Unrestrained Occupancy. There were deficiencies cited and a Plan of Correction is required.		C 116				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	IT OF DEFICIENCIES		(V2) MULTIPL	F CONSTRUCTION	(V2) DATE	CLIDVEV
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
, , , , , , , , , , , , , , , , , , ,		A. BUILDING: 01				
	1141 000005		B. WING		A B (A B (A C C C C C C C C C C	
		HAL060085	5		J U5/U	5/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE SOUTH PARK	5326 PAR	_			
		CHARLOT	TE, NC 282	09		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
		,		DEFICIENCY)		
C 116	Continued From pa	ae 1	C 116			
	·					
		expires, renewed approval				
		he Division, provided revised ments meeting all current				
		and standards are submitted				
		appointed representative and				
	reviewed by the Div					
		nade during construction shall				
		al of the Division to assure that				
	licensing requireme					
	(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall					
		ion to the Division that "as				
		e been received from the				
	builder.					
		r designated agent shall notify				
		actual construction or				
		nd at points when construction ercent and 90 percent				
	complete and upon					
	complete and apon	mar completion.				
	This Rule is not me					
		ations and conversation with				
		ne facility altered their exiting				
		Construction Documents for				
		al resulting in an installation ly with the NC Building Code.				
	that does not comp	ny with the NC Ballaling Code.				
	Findings on 05/05/2	2016:				
	There is a fenced c	ourtyard that surrounds the				
		ge enough to provide a safe				
		esidents in the event of a fire				
	thus, the gates are	part of the exit. Each exit gate				
has a magnetic lock that was installed, per the						

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Administrator, on 08/01/2015. There is no record

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
HAL060085		B. WING		05/05/2016			
BROOKDALE SOUTH PARK 5326 PARK				STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
C 116	Additionally, the ins Building Code requ release switch to be each magnetically I The installations als Code requirements release switch(es) a	tallations do not meet the irements for an emergency e provided within 3 feet of ocked exit. so do not meet the Building for an on/off emergency at Nurse's stations.	C 116				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 05/05/2016: The exhaust grilles have excessive particulate build-up at the following locations: (a) Return-air in the Country Lane Community (b) Return-air in the Garden Path Community (c) Return-air in the Boat House Community (d) Return-air in the Boat House Community (e) Return-air in Main Kitchen w/grease 2-Based on observation, the facility has failed to						

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9B0521 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION		DENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
		HAL060085	B. WING		05/0	5/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE SOUTH PARK	5326 PAR	_				
			TTE, NC 282	209			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE	
C 166	Continued From pa	ge 3	C 166				
C 189	Findings on 05/05/2016: Kitchen counter-tops have broken edges and laminate has come unglued that are located at the following locations: (a) Country Lane Community (b) Garden Path Community (c) Cottage Place Community (d) Boat House Community 3-Based on observations, the facility has failed to maintain the HVAC ductwork. This could effect all residents and staff by not providing clean air distribution. Findings on 05/05/2016: (a) AHU #8 has excessive particulate grease/particulate build-up on the internal duct insulation. (b) AHU #9 has excessive particulate build-up on the internal duct insulation. Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.		C 189				
	This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained in a safe manner of penetrates						

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: 01		(X3) DATE COMP	SURVEY LETED
		HAL060085	B. WING		05/0	5/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE SOUTH PARK	5326 PARI CHARLOT	K ROAD TE, NC 282	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	through the roof/ceiling assembly. This will affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 05/05/2016: There are ceiling penetrations through the roof/ceiling assembly located at the following locations that are not sealed with a fire-rated material: (a) Electrical conduits above the main FACP located in the Garden Community. (b) Refrigerant lines in the Mech/Sprinkler Riser Room located in the Gardern Community.					
	2-Based on observations, the facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility.					
	Findings on 05/05/2016: The sampling tubes have excessive particulated build-up which effects the detection of smoke for the duct detectors in the following air-handler units at the following locations: (a) Country Lane Community Mechanical Room (b) Garden Path Community Mechanical Room (c) Cottage Place Community Mechanical Room					
	maintainnd the ope doors to contain in from the room of or	ation, the facility has failed to rating condition of interior an event of fire and/or smoke rigin. This could affect all in the event of a fire.				
	Findings on 05/05/2015: The entry door to Resident Room 31/Cottage Place Community has a gap at the top of the door when latched that does not prevent the passage					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
		HAL060085	B. WING		05/0	5/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BBOOK	DALE COUTH DARK	5326 PAR	K ROAD			
BROOKL	DALE SOUTH PARK	CHARLOT	TE, NC 282	209		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5	C 189			
	of smoke.					
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per na requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apply the shall facilities with the exwhich shall not app	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities. et as evidenced by: ation, this facility failed to ment in accordance with this ag ventilation where odors are all affect residents and staff to house-keeping odors.				

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